## BEST AVAILABLE CODY

| -  | PATE   | NT APPLICA<br>Eff                         | ORD 1065 906 7 |  |                |                  |              |                        |          |            |                        |
|--|--|---|----------------|--|----------------|------------------|--------------|------------------------|----------|------------|------------------------|
| -  | <del></del>  | SMAL                                      | LENTITY        |  | /              | ER THAN          |              |                        |          |            |                        |
| ſ  | TOTAL CLA  | (Colu                                     | (Column 1)     |  | olumn 2)       | TYPE             |              | 0                      |          | L ENTITY   |                        |
| ╟  | FOR  | Alluar                                    | NUMBER FILED   |  |                | RAT              |              | <del></del> -          | RATE     |            |                        |
| ╟  | TOTAL CHAR   | <del></del>                               | <del> </del>   |  | NUMBER EXTRA   |                  | FEE 395,0    | 00 0                   | BASICF   | EE 790,00  |                        |
| -  | NDEPENDEN'   | <del>-</del>                              | minus 20±      |  |                |                  | 5-           |                        | R XS 5   | 4          |                        |
| _  |  |   | minus 3 =      |  |                | ×· lo            | V=           | Of                     | x 200    | 14         |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                |  |                | · []             | 1 1 + 180    | )                      | · OF     | +360:      |                        |
| •  | • If the difference in column 1 is less than zero, enter "0" in column 2 |   |                |  |                |                  |              |                        | OF       |            | -                      |
|  |  | CLAIMS AS                                 | OTHER THAN     |  |                |                  |              |                        |          |            |                        |
|  | ·γ()()   | (Column 1)                                | <del></del>    | (Colum   | ST             | (Column 3)       | SMAL         | L ENTITY               |          | SMALL      | ENTITY                 |
| AMENDMENT A  | 19-200   | REMAINING<br>AFTER<br>AMENDMENT           |                | PREVIOU<br>PAID FO                                   | JSLY           | PRESENT          | RATE         | TIONAL                 |          | RATE       | ADDI-<br>TIONAL<br>FEE |
| Ş  | Total  | • 20                                      | Minus          | - 20   | )              | =                | x\$25        |                        | OR       | xs.50      |                        |
| <b>AME</b>   | Independent  | <del></del>                               |                | 1 4  | 1              |                  | ×100         | ,                      | OR'      | x(20)=     |                        |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |   |                |  |                |                  | +1 1000      |                        | 7        |            |                        |
|  |  | •   |                |  |                |                  | +1 (80-      |                        | OR<br>OR | + 360°     |                        |
|  |  | (Column 1)                                |                | (Calumn  | 2)             | (Column 3)       | ADDIT. FEE   | ــــــا:               | Jou      | ADDIT. FEE |                        |
| MENDMENI B.  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHES<br>NUMBE<br>PREVIOUS<br>PAID FO               | T<br>FI<br>SLY | PRESENT<br>EXTRA | RATE         | ADDI-<br>TIONAL<br>FEE |          | RATE       | ADDI-<br>TIONAL<br>FEE |
| Š  | Total .  | • `                                       | Minus          | ** .   |                | ±                | X\$25=       |                        | ÖR       | X\$50=     |                        |
| E.   | Independent  |   | Minus          | ***  |                | =                | × 100=       |                        | 1 1      | Xaou       |                        |
|  | FIRST PRESI  | ENTATION OF ML                            |                |  | OR             |                  |              |                        |          |            |                        |
|  |  | •   |                |  |                |                  | +180°        |                        | OR       | + 360=     |                        |
|  |  | (Column 1)                                | ADDIT. FEE     |  | OR A           | DOIT, FEE        |              |                        |          |            |                        |
|  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | (Column<br>HIGHEST<br>NUMBER<br>PREVIOUS<br>PAID FOR | LY             | PRESENT<br>EXTRA | RATE         | ADDI-<br>TIONAL        | Γ        | RATE       | ADDI-<br>TIONAL        |
| ·  | l'otal   | •   | Minus          | ••   |                | =                | X\$ J        | FEE                    | -        | x\$ 50=    | FEE_                   |
| 1_   | <b>ndepen</b> dent   |   | Minus          | ***  |                | =                | <del> </del> |                        | -        |            |                        |
| L  | IRST PRESE   | NTATION OF MU                             | LTIPLE DEP     | ENDENT CL  | MIA            |                  | × 100 ×      |                        | OR _     | × 20) =    | ·                      |
| tt t   | he entry in colum  | nn 1 is less than the                     | + 180=         | (  | DR _           | + 3607           |              |                        |          |            |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                |  |                |                  |              |                        |          |            |                        |
|  |  |   |                |  |                |                  |              |                        |          | ••         | . 1                    |